

## ABSTRACT

Dissertation: Perceptions of Voice Teachers Regarding the Teaching and Monitoring of Students' Vocal Behaviors as Students Sing and Speak: Recommendations for Prevention and Rehabilitation within the Voice Studio

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The purpose of this study was to identify the perceptions of voice teachers regarding the degree to which they believe they teach and monitor healthy vocal behaviors among their students as they sing and speak. Participants for the study were college/university voice professors who were members of the College Music Society and listed in its *Directory of Music Faculties in Colleges and Universities, U.S. and Canada, 2012-2013 Edition*. Online, survey research procedures and a researcher-generated questionnaire were utilized for data collection purposes. Results indicated that an overwhelming majority of participants believed there to be a relationship between the health of one's singing voice and the health of one's speaking voice. Participants' perception scores were the most positive for variable MBSi, or the degree to which they believe they monitor the vocal behaviors of students when singing. Participants' perception scores for variable TVB, the degree to which they believe they teach healthy vocal behaviors to students, and variable MBSp, the degree to which they believe they monitor the vocal behaviors of students when speaking, ranked second and third respectively. Perception scores for variable TVB were primarily associated with participants' familiarity with vocal rehabilitation techniques, gender, and participants' familiarity with the McClosky Technique. Perception

scores for variable MBSi were primarily associated with participants' familiarity with vocal rehabilitation techniques, gender, type of student taught, and whether participants had instructed a student with a vocal disorder. Perception scores for variable MBSp were correlated with the greatest number of characteristics, including participants' familiarity with vocal rehabilitation techniques, participants' familiarity with the McClosky Technique, type of student taught, years of teaching experience, and whether participants had instructed a student with a vocal disorder.

The researcher concluded that, while many voice teachers understand the relationship between the health of the speaking voice and the health of the singing voice and use various methods within their private studios to work with injured voices, voice teachers and students may not understand, nor be adequately prepared to prevent and intervene when it comes to issues of the speaking voice. In fact, the researcher concluded that there seems to be a disconnect among teachers and students alike when it comes to teaching and understanding healthy vocal behaviors and applying them to the speaking voice. Multiple resources exist, however, in the form of various certifications, symposiums, and workshops, through which voice teachers may avail themselves of the knowledge necessary to care for the overall health of their students' speaking and singing voices. Indeed, the voice teacher is obligated to teach well-rounded, healthy vocal behaviors, applying them to both the singing voice and the speaking voice. As medical professionals more frequently reach out to voice teachers, voice teachers will have increased opportunity to assume a more active role on a voice care team. Because so many teachers already implement methods found within the McClosky Technique, if used with understanding and commitment, the Technique could be a means for habilitation, prevention, and intervention on behalf of students suffering from speaking voice disorders within the voice studio.